Iowa Department of Public Health Division of Environmental Health 321 E. 12th Street Lucas State Office Building, 5th floor Des Moines, IA 50319

Phone: (515)281-8561

Migrant Labor Camp Application for Permit and Compliance Checklist

Note: A separate application for permit and completed checklist is required for each camp or portion of camp. Applications shall be made to the department at least sixty (60) days prior to the first date of occupancy. PLEASE PRINT OR TYPE

Name of Camp Operator:		
Phone Number (include area code):		
Street Address of Camp Operator:		
City:	State:	Zip:
Name of Camp:		
Street Address of Camp:		
City:	State:	Zip:
Expected number of workers at this cam	np:	
Expected date of occupancy:/_ Expected date of vacancy:/_		
Describe the primary job responsibilitie	s of workers res	siding at this camp:

Complete the following checklist to certify that the camp is compliant with requirements for migrant labor camps as defined in Iowa Code Chapter 138 and Iowa Administrative Code 641 – Chapter 81.

All questions must be answered by marking the box next to the appropriate response of "yes", "no", or "N/A" (not applicable). An answer of "yes" to all applicable questions must be achieved in order for a permit to be issued for the migrant labor camp submitted on this application. The camp will be subject to spot inspections as determined by the Iowa Department of Public Health for verification of compliance with the checklist.

Acce	ess to	Camp i	for .	Inspe	ction:
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1.	Can the camp operator provide access to the camp at any reasonable time upon request from the department for the purpose of inspection?
2.	Yes \square No \square Does the camp operator/owner maintain a roster of camp occupants that is available for inspection? Yes \square No \square
Ca	mp Site:
	Is the camp site adequately drained to prevent flooding, standing water, or other conditions that support mosquitoes or other pests? Yes \square No \square
2.	Is the camp site located more that 200 feet from swamps, pools, sinkholes, or other standing water? Yes No
3.	Is the camp site free of offensive odors, flies, noise, traffic, or rodents? Yes \square No \square
4.	Is the camp site maintained in a clean and sanitary condition free from rubbish, debris, wastepaper, garbage, and other refuse? Yes \square No \square
5.	Does the camp site provide for reasonable access to recreation? Yes \square No \square
Sh	elter:
1.	Is the dwelling for occupants structurally sound and does it provide reasonable protection? Yes \square No \square
2.	Does the dwelling have a minimum of a seven foot ceiling in at least half of the floor area in each living unit? Yes No No
3.	In rooms where people cook, live, and sleep is there a minimum of 60 square feet per occupant? Yes \Box No \Box N/A \Box
4.	In family units or dormitories is there at least 50 square feet of floor space per occupant for sleeping purposes only? Yes \square No \square N/A \square
5.	When bunk beds are used is there at least 40 square feet of floor space per occupant for sleeping purposes only? Ves \Box No \Box N/ Δ \Box

6.	Are sleeping facilities provided for each person (e.g. comfortable beds, cots, or bunks with clean mattresses)? (Triple deck bunks are prohibited) Yes \square No \square
7.	When bunk beds are used is there at least 27" between the bottom and top beds, and at least 36" between the ceiling and top bed? Yes \square No \square N/A \square
8.	Are floors constructed of wood, concrete, asphalt, or other comparable material? Yes \square No \square
9.	Are wood floors smooth, tightly constructed, and elevated at least one foot above ground level? Yes No N/A
10.	Are windows and doors collectively equal to at least one-tenth of the floor area in size? Yes No No
11.	Are windows in each room constructed so that at least one-half of the window can be opened for ventilation? Yes \square No \square
12.	Are exterior openings (screen doors, windows, etc.) effectively screened to keep out insects? Yes \square No \square
13.	If the camp is operated during the heating season (September15 through June 1), is artificial heat provided to maintain a room temperature of at least 70 degrees? Yes \square No \square N/A \square
14.	Are combustible heating sources (wood stoves, gas furnace, etc.) vented to the outside air or chimney to prevent the release of combustion gases indoors? Yes \square No \square
15.	In a room with wood or combustible flooring that uses a stove for heating, is there metal sheeting or other fire-resistant material underneath the stove? Yes \Box No \Box N/A \Box
16.	Are working fire detectors with fresh batteries or fire detectors that are hard wired present in every common area and bedroom? Yes \square No \square
17.	Are working carbon monoxide detectors with fresh batteries or carbon monoxide detectors that are hard wired present in each level of the dwelling? Yes \square No \square
18.	Are hot plates (for cooking) prohibited in bedrooms and areas other than the kitchen/dining area? Yes \Box No \Box
Wa	ater supply:
	Is the water supply adequate for drinking, cooking, bathing, and laundry purposes? Yes \square No \square
2.	If a private water well is used, does it have a tight fitting cap and is it constructed in a way to prevent contamination? Yes \square No \square N/A \square
3.	If a private well water is used, has the well water been tested to determine if the water has safe levels of bacteria and nitrates? Yes \square No \square N/A \square

Toilet facilities/sewage disposal facilities: 1. Are toilet facilities located so that inhabitants do not have

1.	Are toilet facilities located so that inhabitants do not have to pass through a bedroom
	to access them?
	Yes □ No □
2.	Do toilet rooms have a window at least six square feet in size that opens to the
	outside, or is the room equipped with a working exhaust vent?
	Yes □ No □
3.	Is there a toilet room located within 200 feet of each sleeping room?
	Yes \square No \square N/A \square (privy is used)
4.	If a privy is used, is it located more than 100 feet from any sleeping room, dining
	room, lunch area, or kitchen?
	Yes \square No \square N/A \square
5.	Are separate toilet facilities provided for men and women; and are the facilities
	clearly marked by signs in English and the language of persons occupying the camp?
	Yes \square No \square N/A \square
6.	Is there a minimum of one toilet unit for every fifteen persons, or fraction thereof, for
	each sex?
	Yes □ No □
7.	Are hand washing facilities with hot and cold water, soap, and paper towels
	immediately available within or adjacent to the toilet facilities?
	Yes □ No □
8.	For men's facilities, are urinals no more than 1/3 of the total number of toilet units?
	Yes \square No \square N/A \square
8.	Are the toilet facilities maintained in a clean condition and adequately supplied with
	toilet paper?
	Yes 🗆 No 🗆
9.	Are all sewer lines and floor drains connected to an approved sewer?
	Yes □ No □
	undry, hand washing, and bathing facilities:
1.	Is one hand wash basin provided for each family unit or for every fifteen individuals
	or fraction thereof?
	Yes No
2.	Is one shower head provided for every fifteen individuals or fraction thereof?
	Yes □ No □
3.	Is one laundry tub or wash machine provided for every 25 individuals or fraction
	there of?
	Yes No
4.	Are floors finished in a non-slip finish and impervious to moisture?
	Yes □ No □
5.	Is hot and cold running water provided?
	Yes □ No □
6.	If laundry or bathing facilities are in a separate service building, is the building
	capable of maintaining a room temperature of 70 degrees Farenheit, if used during the
	heating season (Sept 15 – June 1)?
	Yes \(\text{No} \(\text{No} \) \(\text{N/A} \) \(\text{D} \)
7.	Are facilities for drying clothes provided? (dryer, clothes line, etc.)
	Yes \square No \square

•	ghting/Electrical:
1.	Are all housing quarters and service buildings provided with electric service? Yes \square No \square
2.	Do all rooms and hallways contain ceiling or wall-type light fixtures? Yes \square No \square
3.	Is all wiring in safe working order so as not present a fire or shock hazard? Yes \Box No \Box
Re	fuse disposal:
1.	Are durable, fly-tight, clean refuse containers (20 gallons or larger) provided for each housing unit at a ratio of one per fifteen individuals or fraction thereof? Yes \square No \square
2.	Is refuse collected frequently enough to prevent the build up of refuse on camp premises? Yes \square No \square
3.	Is refuse disposed of through a licensed hauler or through means in accordance with state and local laws? Yes \Box No \Box
Ki	tchens & dining halls:
1.	Is each kitchen/cooking facility provided with one gas or electric stove for cooking? Yes \Box No \Box
	Is the dining area maintained in a clean and sanitary condition? Yes \Box No \Box
3.	Is refrigeration capable of keeping food at or below 41 degrees Farenheit provided for perishable foods in every kitchen or location where food is prepared? Yes \square No \square
4.	Is the dining area equipped with tables and seating? Yes \square No \square
	Are persons with communicable or venereal disease prevented from working in food preparation or service? Yes \square No \square
6.	Is hot and cold running water provided? Yes \Box No \Box
	sect and rodent control:
1.	Are measures in place to control rats, mice, flies, mosquitoes, bedbugs, and all other insects or rodents within the camp premises? Yes \square No \square
2.	Are pesticides and pest control equipment stored and used in a safe manner? Yes \Box No \Box
	fety and fire prevention:
1.	Are non-household flammable, or volatile, liquids and materials stored away from residential buildings? Yes No No

2.	Are first aid kits available for residents at a ratio of one kit per fifty individuals? Yes \Box No \Box
3.	Are fire-extinguishers (in working order) provided within 100 feet of all living spaces and at a ratio of at least one extinguisher per 1000 square feet of floor space or fraction thereof?
4.	Yes \square No \square Are adult occupants instructed in fire prevention and in the proper use of fire extinguishers? Yes \square No \square
5.	Are agricultural pesticides and toxic chemicals stored away from the housing area? Yes \square No \square
6.	Is there a least two routes of escape from the first floor of all occupied buildings in case of a fire?
7.	Yes \Box No \Box If there are floors above the first floor that are used for sleeping or common areas (dining, living room, etc.), is there an outside escape ladder or a second stairway for escape in case of a fire? Yes \Box No \Box N/A \Box
Co	ommunicable diseases:
	Does the camp operator have contact information for the local board of health and the Iowa Department of Public Health to report the name and address of a camp member with a known or suspected communicable disease? Yes \square No \square
	cal Housing Codes: Has the camp operator verified compliance with appropriate local housing codes? Yes \square No \square
C-	D'
	Attach to this application a diagram of the camp buildings. A separate page shall be used for each floor of each building. The diagram must at a minimum include the following:
	 identification of each building
	identification and use of every room
	• room dimensions
	location and identification of beds/cots/bunks
	location and identification of toilets/urinals
	location and identification of sinks/wash basins
	• location and identification of showers
	• location and identification of laundry tub/machines
	 fire escape routes

Certification:

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury¹ that my answers and all other information and statements submitted by me in this application process are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application I understand that my application may be denied or that my permit may be revoked. I further understand that I may be subject to criminal prosecution for providing false or misleading answers or information on or in support of this application.

Printed Name:				
Signature:	Date:	/	/	

Note: An application with original signature must be submitted to the address listed at the top of page one. Faxes and/or copies of this application will not be accepted.

¹ A person who knowingly makes a false statement under penalty of perjury commits a class "D" felony (Iowa Code 720.2) A person convicted of a class "D" felony shall be confined for no more than five years, and in addition shall be sentenced to a fine of at least seven hundred fifty dollars but not more than seven thousand five hundred dollars. (Iowa Code 920.9(5)